PAGE 1 / 12

Image# 201604159012448668

**FEC** FORM 3Y

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

TORIWI 3X	For Other Than An	Authorized	Committe	ee		Office Use Only	
1. NAME OF	TYPE OR PRINT ▼	Fya	mple: If typir	na. type	1000	Cindo Cac Offiny	
COMMITTEE (in full)	2 0		the lines.	ig, type	12FE4M5		
IMPACT COMMITTEE	<b>=</b>						1
ADDRESS (number and street)	617 E CUSTIS AVENU	JE					
Check if different							
than previously reported. (ACC)	ALEXANDRIA				VA _	22301	-
2. FEC IDENTIFICATION N	UMBER ▼	CITY 🛦		S	STATE 🛦	ZIP CO	DE 🛦
C C00525238		3. IS THIS REPORT	<b>\</b>	IEW N) <b>OR</b>	AM (A)	ENDED	
4. TYPE OF REPORT	(b) Monthly Report	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election
(Choose One)	Due On:	Mar 20 (M3)		lun 20 (M6)	Sep	20 (M9)	Year Only) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:	×	Apr 20 (M4)		lul 20 (M7)	Oct :	20 (M10)	Year Only) Jan 31 (YE)
April 15 Quarterly Report (0	Q1) .						
July 15 Quarterly Report (0	O2) PRE-Electio	n	Primary (12P		General (		Runoff (12R)
October 15 Quarterly Report (0	Report for the Q3)	ne:	Convention (	126)	Special (	125)	
January 31 Year-End Report (	YE) E	Election on	M M /	D D /	Y    Y    Y    Y	in the State o	of
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day		General (30G	i)	Runoff (3	0R)	Special (30S)
Termination Report (TER)	Report for the	ne.	M M /	D = D /	Y = Y = Y	in the	
(12.1)	E	Election on				State of	of
5. Covering Period 0		016	through	03	/ 31 /	2016	
I certify that I have examined the	his Report and to the be	est of my knov	wledge and b	elief it is true	e, correct and	l complete.	
Type or Print Name of Treasure	er Heather Henderson B	arlow					
					M	/ D D /	Y   Y   Y   Y
Signature of Treasurer Head	ther Henderson Barlow		[Electronically	Filed] Da	ate 04	15	2016
NOTE: Submission of false, error	neous, or incomplete infor	mation may su	bject the pers	on signing thi	s Report to th	e penalties of 2	U.S.C. §437g.
Office						FEC FOR	
Use Only						Rev. 12/2	

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name IMPACT COMMITTEE 03 2016 03 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 36496.02 January 1, 2016 (b) Cash on Hand at 12952.71 Beginning of Reporting Period..... 14000.00 14000.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 50496.02 26952.71 6(a) and 6(c) for Column B)..... 11224.00 34767.31 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 15728.71 15728.71 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW

Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

		_			
ΙN		$\sim$ T	$\sim$	1 N 1	ITTEE
ш	$^{\prime\prime}$ P $^{\Delta}$		( .( ))\	/11\/1	– –

Report Covering the Period: From: 03	01 2016	Го: 03 31 2016
I. Receipts	COLUMN A	COLUMN B
<u> </u>	Total This Period	Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	500.00	500.00
(i) itemized (dee conodate / )		
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	500.00	500.00
	200	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	13500.00	13500.00
(such as PACs)	1000.00	13300.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry  Totals to Line 33, page 5)▶	14000.00	14000.00
2. Transfers From Affiliated/Other		7 7
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	,	,
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(		0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Leviii i ulius (lioili schedule 113)		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(6) 15141 11411515 (466 15(4) 414 15(5))		7
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	14000.00	14000.00
0. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	14000.00	14000.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	Total This Period	
	Operating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(	b) Other Federal Operating		
	Expenditures	7224.00	11767.31
(	c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	7224.00	11767.31
22. T	ransfers to Affiliated/Other Party	122.100	
	Committees	0.00	0.00
F	Contributions to rederal Candidates/Committees and Other Political Committees	4000.00	23000.00
	ndependent Expenditures	0.00	0.00
25. C	use Schedule E) Coordinated Party Expenditures	0.00	0.00
(	2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00
96 I	oan Repayments Made	0.00	0.00
.O. L	oan nepayments wave		
	oans Made Refunds of Contributions To:	0.00	0.00
	a) Individuals/Persons Other Than Political Committees	0.00	0.00
	Than I chaoar committees		
`	b) Political Party Committees	0.00	0.00
(	c) Other Political Committees (such as PACs)	0.00	0.00
,	d). Takal Contribution Defined		
(	d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00
	(444 2.1100 20(4), (6), 4.14 (6),		
29. C	Other Disbursements	0.00	0.00
	rederal Election Activity (2 U.S.C. §431(20))		
(	a) Allocated Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
		200	0.00
/	(ii) "Levin" Share	0.00	0.00
(	b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(	c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	otal Disbursements (add Lines 21(c), 22,		
2	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	11224.00	34767.31
32. T	otal Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)		
fı	rom Line 31)	11224.00	34767.31

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	14000.00	14000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14000.00	14000.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	7224.00	11767.31
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	7224.00	11767.31

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF 12 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) IMPACT COMMITTEE Full Name (Last, First, Middle Initial) CATHERINE FINLEY Date of Receipt Mailing Address 205 SUMMERS DRIVE 2016 03 02 City Zip Code State Transaction ID: SA11AI.4566 VA **ALEXANDRIA** 22301 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer Occupation CONTRIBUTION THORN RUN PARTNERS **PARTNER** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... 500.00 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 12 (check only one)  11a 11b X 11c 12  13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) IMPACT COMMITTEE		y person for the purpose of soliciting contributions tree to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  DELOITTE POLITICAL ACTION COM  Mailing Address P.O. BOX 365  City  WASHINGTON  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  General  Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code DC 20044  C C00211318  Occupation  Aggregate Year-to-Date ▼  5000.00	Date of Receipt  03 21 2016  Transaction ID: SA11C.4579  Amount of Each Receipt this Period  5000.00  Memo Item  CONTRIBUTION
Full Name (Last, First, Middle Initial)  HONEYWELL INTERNATIONAL PC  Mailing Address 101 CONSTITUTION AVE. NW SUITE 500 WEST  City WASHINGTON  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)		Date of Receipt  03 02 2016  Transaction ID: SA11C.4567  Amount of Each Receipt this Period  2500.00  Memo Item  CONTRIBUTION
Full Name (Last, First, Middle Initial) LOCKHEED MARTIN CORPORATION EMPL Mailing Address 2121 CRYSTAL DRIVE SUITE 100 City ARLINGTON FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code VA 22202  C C00303024  Occupation  Aggregate Year-to-Date ▼	Date of Receipt  03 21 2016  Transaction ID : SA11C.4578  Amount of Each Receipt this Period  5000.00  Memo Item CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)		12500.00
TOTAL This Period (last page this line number of	only)	. >

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()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 12 (check only one)  11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements may not be sold or used by any pe or for commercial purposes, other than using the name and address of any political committee		
State NV	Zip Code 89434 0367995	Date of Receipt  03 21 2016  Transaction ID : SA11C.4580  Amount of Each Receipt this Period
Occupation		Memo Item CONTRIBUTION
		Date of Receipt
		Amount of Each Receipt this Period  Memo Item
State	Zip Code	Date of Receipt
C		Amount of Each Receipt this Period  Memo Item
	N PAC  State NV  C Coor Occupation Aggregate  C Occupation Aggregate  State  C State  State  C State	Use separate schedule(s) for each category of the Detailed Summary Page  Ind Statements may not be sold or used by any partitle name and address of any political committee.  N PAC  State Zip Code  NV 89434  C C00367995  Occupation  Aggregate Year-to-Date ▼  State Zip Code  C  Occupation  Aggregate Year-to-Date ▼  State Zip Code  C  State Zip Code

TOTAL This Period (last page this line number only).....

13500.00

SCHEDULE B (FEC Form 3X)	Llos concrete cabadula/-\	FOR LINE	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Staten	l nents may not be sold or use		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)  IMPACT COMMITTEE			
Full Name (Last, First, Middle Initial)			
THE M GROUP			Date of Disbursement
Mailing Address 617 E CUSTIS AVENUE			03 02 2016
ALEXANDRIA	State Zip Code VA 22301		Transaction ID : SB21B.4568
Purpose of Disbursement FUNDRAISING CONSULTING SVCS.			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	3124.00
	nent For:  Primary General  Other (specify)		Memo Item
State: District:			
Full Name (Last, First, Middle Initial)  THE M GROUP  Mailing Address 617 E CUSTIS AVENUE			Date of Disbursement  Man / Dad / Yangara
	State Zip Code		
ALEXANDRIA	VA 22301		Transaction ID : SB21B.4572
Purpose of Disbursement FUNDRAISING CONSULTING SVCS IN-KIND: S	SEE SCH B, LINE 23		Amount of Each Disbursement this Period
Candidate Name JACKIE WALORSKI		Category/ Type	750.00
Office Sought: House Disbursen	nent For: 2016 Primary General Other (specify)	71-1	Memo Item
State: IN District: 02			
Full Name (Last, First, Middle Initial)  THE M GROUP			Date of Disbursement
Mailing Address 617 E CUSTIS AVENUE			03 02 7 2016
•	State Zip Code VA 22301		Transaction ID : SB21B.4574
Purpose of Disbursement FUNDRAISING CONSULTING SVCS IN-KIND: S	EE SCH B, LINE 23		Amount of Each Disbursement this Period
Candidate Name BRADLEY BYRNE		Category/ Type	750.00
	nent For: 2016 Primary General Other (specify)		Memo Item
			4624.00
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	+02+.00
TOTAL This Period (last page this line number only)			

tor each category of the bocaled Summary Page	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 11				10 O	OF 12
nf for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE  Full Name (Last, First, Middle Initial)  THE M GROUP  Mailing Address 617 E CUSTIS AVENUE  City  State  Zip Code  ALEXANDRIA  VA 2301  Purpose of Disbursement  Full Name (Last, First, Middle Initial)  District:  Category/  Type  Disbursement  Disbursement  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Memo Item  District:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Disbursement  Disbursement  Candidate Name  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement  Amount of Each Disbursement  Category/ Type  Amount of Each Disbursement  Amount of Each Disbursement  Category/ Type  Amount of Each Disbursement  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item	TEMIZED DISBURSEMENTS	for each category of the	X 21b	22				26
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THE M GROUP  Mailing Address 617 E CUSTIS AVENUE  City  State Zip Code VA 22301  Purpose of Disbursement FLNDRAISING CONSULTING SVCS.  Candidate Name  President State: District:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period.  Category/ Type  Office Sought: House Primary General Primary G	NAME OF COMMITTEE (In Full)	o and address of any politica	. commutee to	Solicit Continu	adono non	. 30011 0	Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	····
Additing Address 617 E CUSTIS AVENUE  City  State  Primary  Category'  Transaction ID: S821B.4581  Amount of Each Disbursement this Period  Category'  Type  Memo Item  Amount of Each Disbursement this Period  Category'  Type  Total Amount of Each Disbursement this Period  Category'  Type  Transaction ID: S821B.4581  Amount of Each Disbursement this Period  Category'  Type  Type  Transaction ID: S821B.4581  Amount of Each Disbursement this Period  Category'  Type	Full Name (Last, First, Middle Initial)  THE M GROUP			Date of Dis	sbursement	t		
ALEXANDRIA VA 22301  Purpose of Disbursement FUNDRAISING CONSULTING SVCS.  Candidate Name  Other (specify)  Value  Disbursement For:  General Other (specify)  Value  Office Sought:  House Senate President Other (specify)  Value  Date of Disbursement this Perioc  Category/ Type  Date of Disbursement  Amount of Each Disbursement this Perioc  Category/ Type  Amount of Each Disbursement this Perioc  Category/ Type  Amount of Each Disbursement this Perioc  Category/ Type  Memo Item  Amount of Each Disbursement this Perioc  Category/ Type  Memo Item  Amount of Each Disbursement this Perioc  Category/ Type  Memo Item  Amount of Each Disbursement this Perioc  Category/ Type  Memo Item  Amount of Each Disbursement this Perioc  Category/ Type  Memo Item  Amount of Each Disbursement this Perioc  Category/ Type  Memo Item  Amount of Each Disbursement this Perioc  Category/ Type  Memo Item  Amount of Each Disbursement this Perioc  Category/ Type  Memo Item  Amount of Each Disbursement this Perioc  Category/ Type  Memo Item  Amount of Each Disbursement this Perioc  Category/ Type  Memo Item  Amount of Each Disbursement this Perioc	Mailing Address 617 E CUSTIS AVENUE							Y
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Office Sought:				Amount of	Each Disb	ursemen	t this Po	eriod
Office Sought:	Candidate Name					7	2600.00	0
Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify)  Memo Item  Date of Disbursement  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Other (specify)   Date of Disbursement this Period  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General  Other (specify)   Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item	Senate President	Primary General	71	Memo I	tem	,		
Date of Disbursement  Category/ Type  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  Candidate Name  City State Zip Code  Purpose of Disbursement For: General Other (specify) ▼  Date of Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District: District:  Subtotal of Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Subtotal of Disbursement this Period  Category/ Type  Memo Item								
City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Primary General Other (specify) ▼  Category/ Type  Memo Item  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Date of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Primary General Other (specify) ▼  Amount of Each Disbursement  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Primary General Other (specify) ▼  Substortal of Disbursements This Page (optional)	3.			Date of Dis			V	v
Purpose of Disbursement  Candidate Name  Office Sought:	Mailing Address			IW = IVI /	U = 0	, T = Y	- T = 1	
Candidate Name    Category/ Type	City	State Zip Code						
Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Substitute District: State: District:   Substitute District: 2600.00	Purpose of Disbursement			Amount of	Each Disb	ursemen	t this Po	eriod
Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Senate Primary General Other (specify)   Office Sought: House Senate Primary General Other (specify)   State: District:  Substract Size Senate Primary General Other (specify)   State: District:   Substract Size Senate Primary General Other (specify)   Substract Size Substract Size Senate Primary General Other (specify)   Substract Size Substract Size Size Substract Size	Candidate Name					7		
Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Subtotal of Disbursements This Page (optional)	Senate President	Primary General	76-	Memo It				
Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  Substruct: District: Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Memo Item  2600.00								
City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President  State: District:  SUBTOTAL of Disbursements This Page (optional)							Y	Y
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify)  State: District:  Subtotal of Disbursements This Page (optional)	Mailing Address					L		
Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  Subtrotal of Disbursements This Page (optional)	City	State Zip Code						
Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District: Memo Item  Subtrotal of Disbursements This Page (optional)	Purpose of Disbursement							
Office Sought: House Senate Primary General President State: District: Memo Item  Substituting Substitution	Candidate Name							eriod
SUBTOTAL OF DISDUISEMENTS THIS Tage (Optional)	Senate President	Primary General						-
SUBTOTAL OF DISDUISEMENTS THIS Tage (Optional)	SUPTOTAL of Dichuramenta This Dass (anticas)						2600.00	0
	SUBTOTAL of Dispursements This Page (optional)		<u> </u>	-		1	7224.00	+

SCHEDULE B (FEC Form 3X)	llee caparata achadula(a)	FOR LINE	_
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 💢 23 🔲 24 📗 25 📉 26
	Detailed Summary Page	27	28a 28b 28c 29 30b
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or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)  IMPACT COMMITTEE			
Full Name (Last, First, Middle Initial)			
A. OHIO REPUBLICAN PARTY STATE CENT	RAL & EXECUTIVE COM	MMITTEE	Date of Disbursement
Mailing Address 211 S. FIFTH STREET			03 14 2016
,	State Zip Code		Transaction ID : SB23.4577
	OH 43215		114113454011 ID . 3D23.43//
Purpose of Disbursement CONTRIBUTION			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	3000.00
	nent For: 2016		Memo Item
	Primary General  Other (specify) ▼		
State: District:	Other (specify) • Other		
Full Name (Last, First, Middle Initial)			
POLIQUIN FOR CONGRESS			Date of Disbursement
Molling Address			M M / D D / Y Y Y Y Y
Mailing Address PO BOX 50	71.0		03 30 2016
,	State Zip Code ME 04963		Transaction ID: SB23.4582
Purpose of Disbursement	3.555		
CONTRIBUTION Condidate Name			Amount of Each Disbursement this Period
Candidate Name BRUCE L POLIQUIN		Category/	1000.00
	nent For: 2016	Туре	Memo Item
Senate	Primary General		
	Other (specify) ▼		
State: ME District: 02			
Full Name (Last, First, Middle Initial)  THE M GROUP			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 617 E CUSTIS AVENUE	_		02 02 2016
	State Zip Code		Transaction ID : SB23.4575
ALEXANDRIA Purpose of Disbursement	VA 22301		
IN-KIND: FUNDRAISING CONSULTING SVCS.			Amount of Each Disbursement this Period
Candidate Name		Category/	
BRADLEY BYRNE		Туре	750.00
	nent For: 2016 Primary General		X Memo Item
President	Other (specify)		
State: AL District: 01	<b>√</b>		
'			
SUBTOTAL of Disbursements This Page (optional)		······	4000.00
TOTAL This Period (last page this line number only)			

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b	
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NAME OF COMMITTEE (In Full) IMPACT COMMITTEE			
Full Name (Last, First, Middle Initial)  THE M GROUP			Date of Disbursement
Mailing Address 617 E CUSTIS AVENUE	7. 0.4		03 01 2016
ALEXANDRIA	State Zip Code VA 22301		Transaction ID : SB23.4573
Senate	nent For: 2016 Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period  750.00  Memo Item
State: IN District: 02  Full Name (Last, First, Middle Initial)  3.  Mailing Address			Date of Disbursement
City	State Zip Code		
Purpose of Disbursement  Candidate Name		Category/	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)	Туре	Memo Item
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			
•	State Zip Code		
Purpose of Disbursement  Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)			0.00
TOTAL This Period (last page this line number only).		·····	4000.00